ORIGINAL

1307/01



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response.....16.00

SEC US	E ONLY
Prefix	Serial
DATE RE	CEIVED
1	1

Name of Offering (check if this is an amendment and name has changed, and indicate change.) The Culinary Group Non-Voting Offer	rina
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4	
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	04048171
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Address of Executive Offices (Number and Street, City, State, Zip Code	(720)
Address of Executive Offices (Number and Street, City, State, Zip Code	Telephone Number (Including Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Cod (if different from Executive Offices)	
Brief Description of Business	
Restaurant/Catering/Food Services bus	iness
Type of Business Organization	PROCESSE
	r (please specify):
business trust limited partnership, to be formed	rado LLC OCT 2 s 2004
Month Year	
Actual or Estimated Date of Incorporation or Organization: [A	stimated tate: CO THOMSON FINANCIAL
GENERAL INSTRUCTIONS	

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

BOW

A. BASIC IDENT	TIFICATION DATA
2. Enter the information requested for the following:	
Each promoter of the issuer, if the issuer has been organized withit	n the past five years;
Each beneficial owner having the power to vote or dispose, or direct	the vote or disposition of, 10% or more of a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate issuers.	porate general and managing partners of partnership issuers; and
• Each general and managing partner of partnership issuers.	
	7
Check Box(es) that Apply: X Promoter X Beneficial Owner 2	Executive Officer Director General and/or Managing Partner Managing Managing Partner
Full Name (Last name first, if individual)	.
Branning Scott Business or Residence Address (Number and Street, City, State, Zip Code)	
10035 East Carolina Pl. #203 Denver	, CD 80247
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use add	itional copies of this sheet, as necessary)

					B. II	NFORMAT	ON ABOU	T OFFERI	NG				
1.	Has the	issuer sold	L or does t	he issuer in	atend to se	ll to non-a	ccredited i	nvestors in	this offer	ino ⁹		Yes	No 🔀
••	Trus the	133401 3014	i, or doe s to	•		Appendix				_	*****************		ובק
2.	What is	the minim	um investn					-	•		•••••	<u>\$ 15</u>	000
												Yes	No
3.		e offering	-										X
4.	commis If a pers or state:	ssion or sim son to be lis	ilar remune ted is an as: me of the b	ration for s sociated pe roker or de	olicitation rson or age ealer. If me	of purchase int of a brok ore than five	ers in conne er or deale (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	irectly, any he offering, with a state ons of such		
Ful	l Name (Last name	first, if ind	ividual)									
Ru	siness or	Residence	Address (N	lumber and	None Street C		in Code)						
Du	3111033 01	Residence	/ tuur ess (1	amoor and	i bireet, e.	iy, State, 2	ip code)						
Na	me of As	sociated Br	oker or De	aler									
Sta	tes in Wi	nich Person	Listed Has	s Solicited	or Intends	to Solicit					· ·	-	
	(Check	"All States	" or check	individual	States)	•••••		J.A.	•••••	•••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.□ Al	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	TL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH)	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
							· · · · · · · · · · · · · · · · · · ·	<u> </u>		.,,,			
Ful	ll Name (Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (?	Number an	d Street, C	ity, State, 2	Zip Code)						
Na	me of As	sociated Br	oker or De	aler			,						
Sta	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
		"All States							· •••••••			□ Al	1 States
	[AT]	[ATZ]	A 77	[AD]	<u>roal</u>	الحما	[CT]	[Dr]	[הכ]	TEXT 1	[6]		[TD]
	AL IL	AK IN	AZ IA	AR KS	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	$\overline{\mathrm{WV}}$	WI	WY	PR
Ful	ll Name (Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Nie		sociated Br	akan an Da	01-11									
IN a	me of As	sociated Br	oker or De	aler									
Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)	•••••		·····		•••••		☐ Al	1 States
	AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	NE ·	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ι.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Sold
	Debt	\$. \$	
	Equity Non Voting Shares	900,000	. \$	0
	☒ Common ☐ Preferred	·		•
	Convertible Securities (including warrants)	\$. \$	
	Partnership Interests	\$	_ \$	
	Other (Specify)			
	Total	900,000	. \$	0
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate ollar Amount of Purchases
	Accredited Investors	O	\$_	0
	Non-accredited Investors		\$_	
	Total (for filings under Rule 504 only)		\$	0
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security	D	ollar Amount Sold
	Rule 505		\$_	
	Regulation A		\$_	
	Rule 504		\$_	
	Total		\$_	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		s	0
	Printing and Engraving Costs		\$	0
	Legal Fees		\$	3,28500
	Accounting Fees		\$	
	Engineering Fees		\$	0
	Sales Commissions (specify finders' fees separately)		\$	0
	Other Expenses (identify)		\$	0
	Total		\$_	3,28500

	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			s_89	6,7150
	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.				,
		C Dir	ments to officers, ectors, & filiates	•	oments to Others
	Salaries and fees	ר\$_	79343	□\$_	0
	Purchase of real estate	 \$	0	s	0
	Purchase, rental or leasing and installation of machinery				
	and equipment			□ \$. 7	69,014.
	Construction or leasing of plant buildings and facilities] \$_	0	□\$_	0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	-	^	□ ¢	0
	Repayment of indebtedness			□•	0
	Working capital			\$	48,357.
					71,757.
	Other (specify):	_ ֆ		<u></u> \$	0
] \$_		□\$_	0
	Column Totals] \$	79,343	3 □ s_	717,372
	Total Payments Listed (column totals added)		□ \$ <u>_</u> 8	96,7	15
	D. FEDERAL SIGNATURE				
igi	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of F	sion,	upon writte		
ssı	ter (Print or Type) Signature I	Date			
	he Culinary Group, LLC	te	0-20-0	94	
Var	ne of Signer (Print or Type) Title of Signer (Print or Type)		<u></u> .		
	#1 - 0 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 ·				

- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ny party described in 17 CFR 230.262 presently subject to any of the disqualification risions of such rule?	Yes	No 🔯
See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date	
The Culinary Group	The sale	10.20.04	
Name (Print or Type)	Title (Print or Type)		
Michael C. Williams	Attorney For Compa	aug (Issuer)	

Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX					
1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Non-Voting Common	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL		Χ	,, ,,	1	0	0	0		X	
AK										
AZ	OF	FERIN	FIN R STATE							
AR	(No	OTHE	R STATE							
CA		BUT A	LA.							
СО										
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KY										
LA										
ME										
MD										
MA										
MI				,						
MN										
MS										

				APP	ENDIX				
1	Intend to non-a investor	1 to sell accredited as in State i-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				lification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо									
МТ									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
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ОН									
OK									
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sc					ļ				
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TN									
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UT									
VT									
VA									
WA									
WV	-								
WI									

				APP	ENDIX					
1		2	3	4				5 Disqualification		
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				(if yes, explan waiver	ate ULOE attach ation of granted) -Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR	-						-			